



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 72351		2. Exact name of the Corporation Wagon Wheel, Inc.			
3. Principal office address 246 Thames St.		City Newport	State RI	Zip 02840	
4. Business Phone No. 401-841-9094		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Dealing in clothing of all kinds.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (#X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name DANIEL AIGES			Vice-President Name DANIEL AIGES		
Street Address 246 THAMES ST.			Street Address 246 THAMES ST.		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Secretary Name DANIEL AIGES			Treasurer Name DANIEL AIGES		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (#X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DANIEL AIGES			Director Name		
Street Address SEE ABOVE			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (#X BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

MAY 11 2016

BY 4725

Daniel Aiges
 Signature of Authorized Representative
 Date: **5/19/16**
 Print or Type Name of Authorized Representative: **Ass't Secretary**

ATTACHMENT TO
SECTION 7. - Names & Addresses of Officers

Assistant Secretary - David F. Fox, Esq.
LAW OFFICES OF DAVID F. FOX
Middletown Commons
850 Aquidneck Avenue B-11
Middletown, RI 02842